

Name
in
Full

B. J. Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	County		MARYLAND	
Died at Andreoiles	B. Barnes			
Date of death 1905	Month Jun	Day 17	Years 63	Months — Days —
Sex male	Color or Race Black	Occupation Laborer	Birth-place Maryland	
Married, Single Widowed	Name of Wife or Husband Mary J. Barnes			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption (?)

How long 1 mo

Immediate

Cardiac disease

How long

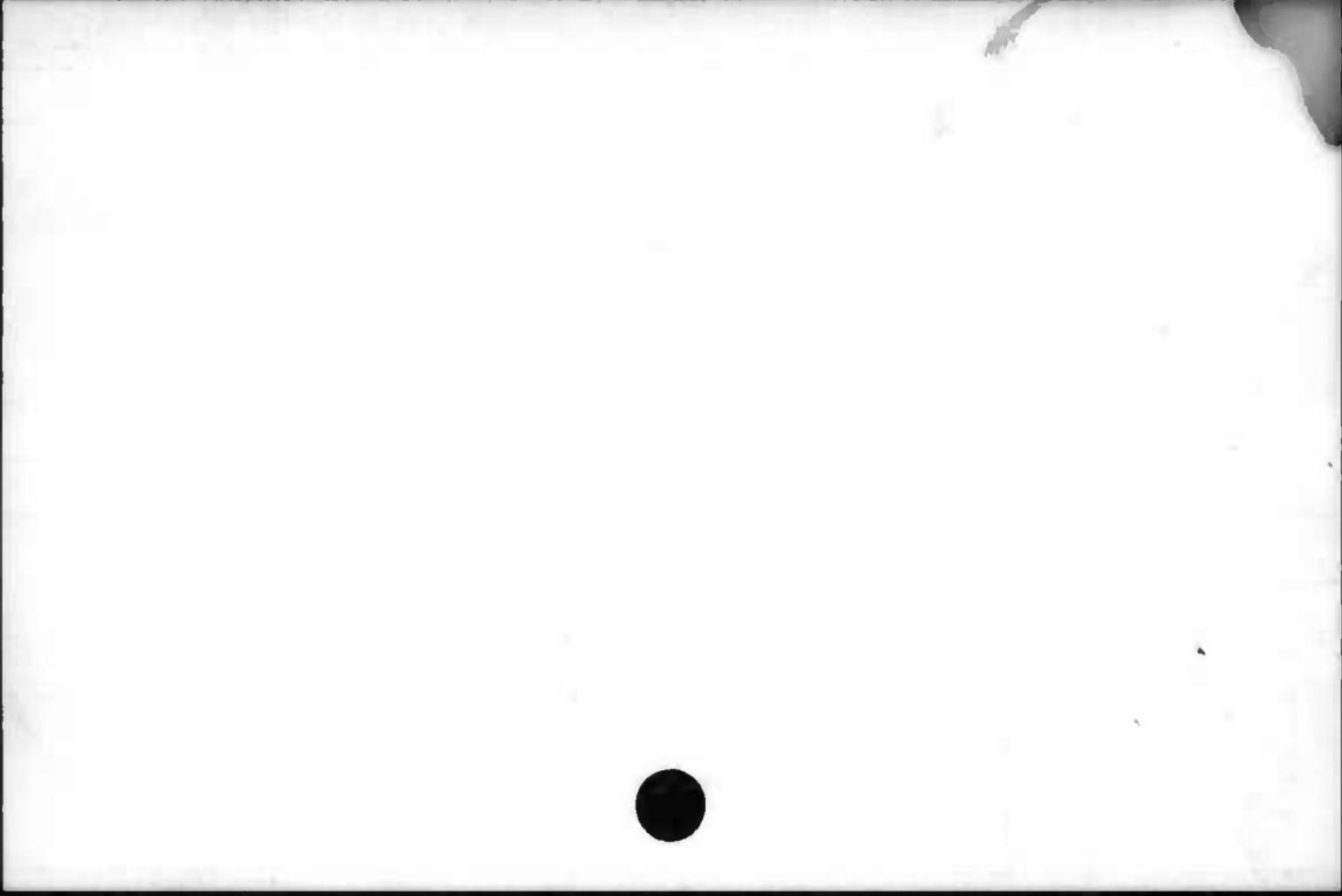
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Thomas H. Benton					CERTIFICATE OF DEATH		
Died at <u>near Ingleside</u>		Town	<u>Queen Anne</u>		County	MARYLAND	
Date of death	1905	Month	1	Day	31	Years	17
Age		Months		Days			
Sex	Male	Color or Race	Black	Birth-place	<u>near Ingleside</u>		
Occupation	<u>Farm hand</u>		Where Residing if not at place of death	<u>near Ingleside</u>			
Mother, Single or Widowed			Name of Wife or Husband	<u>Single</u>			
Father's Name	<u>John H. Benton</u>		Father's Birthplace	<u>near Ingleside</u>			
Mother's Maiden Name	<u>Sarah Gould</u>		Mother's Birthplace	<u>near Rose</u>			
Name of person giving information	<u>John H. Benton</u>		How related to deceased	<u>Father</u>			

CAUSES OF DEATH

Primary

Measles

How long

Four days

Immediate

Exhaustion

How long

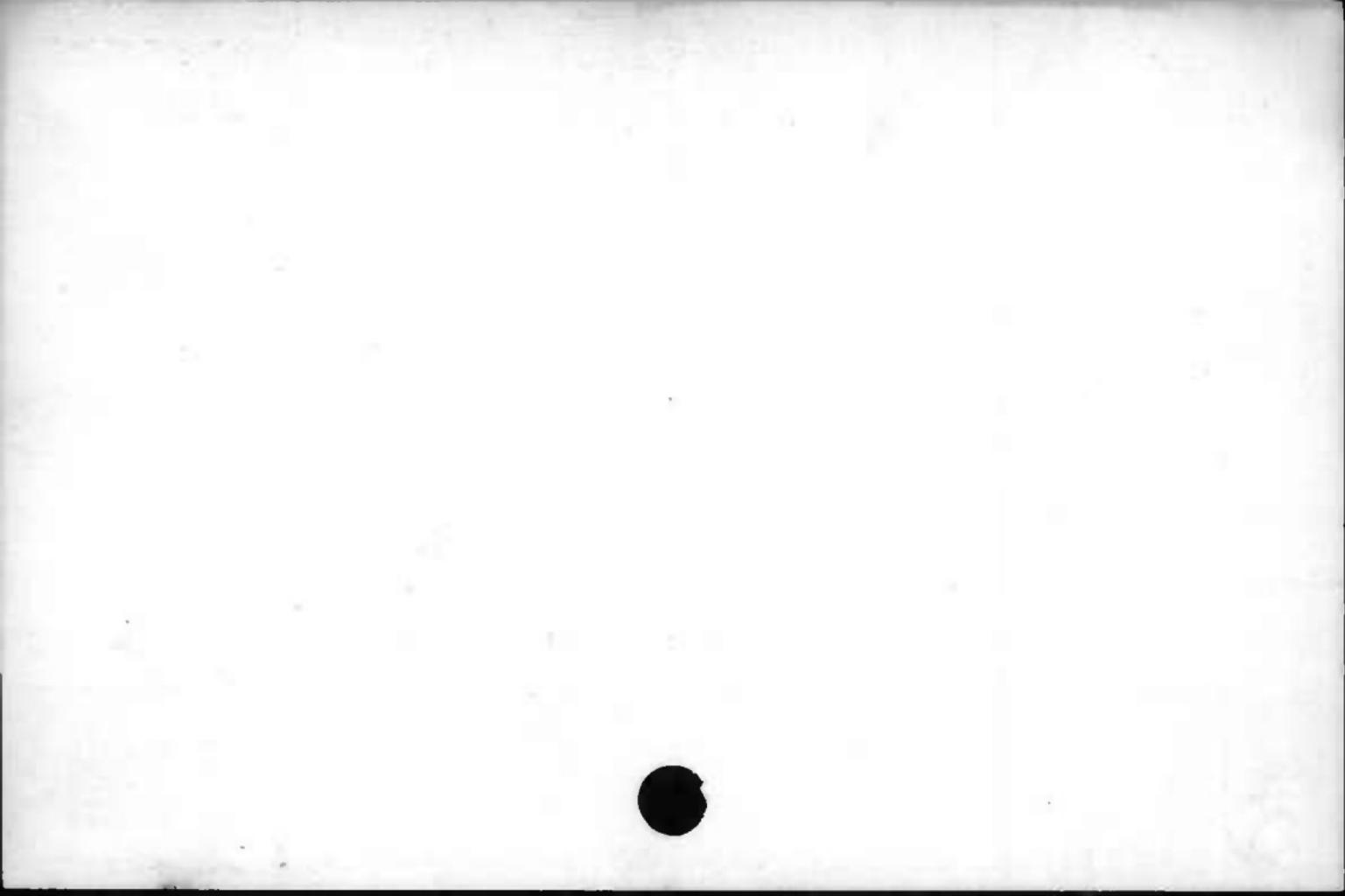
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John H. Benton
undertaker

Accident or Suicide?



Name
in
Full

Frances Henrietta Blake

CERTIFICATE OF DEATH

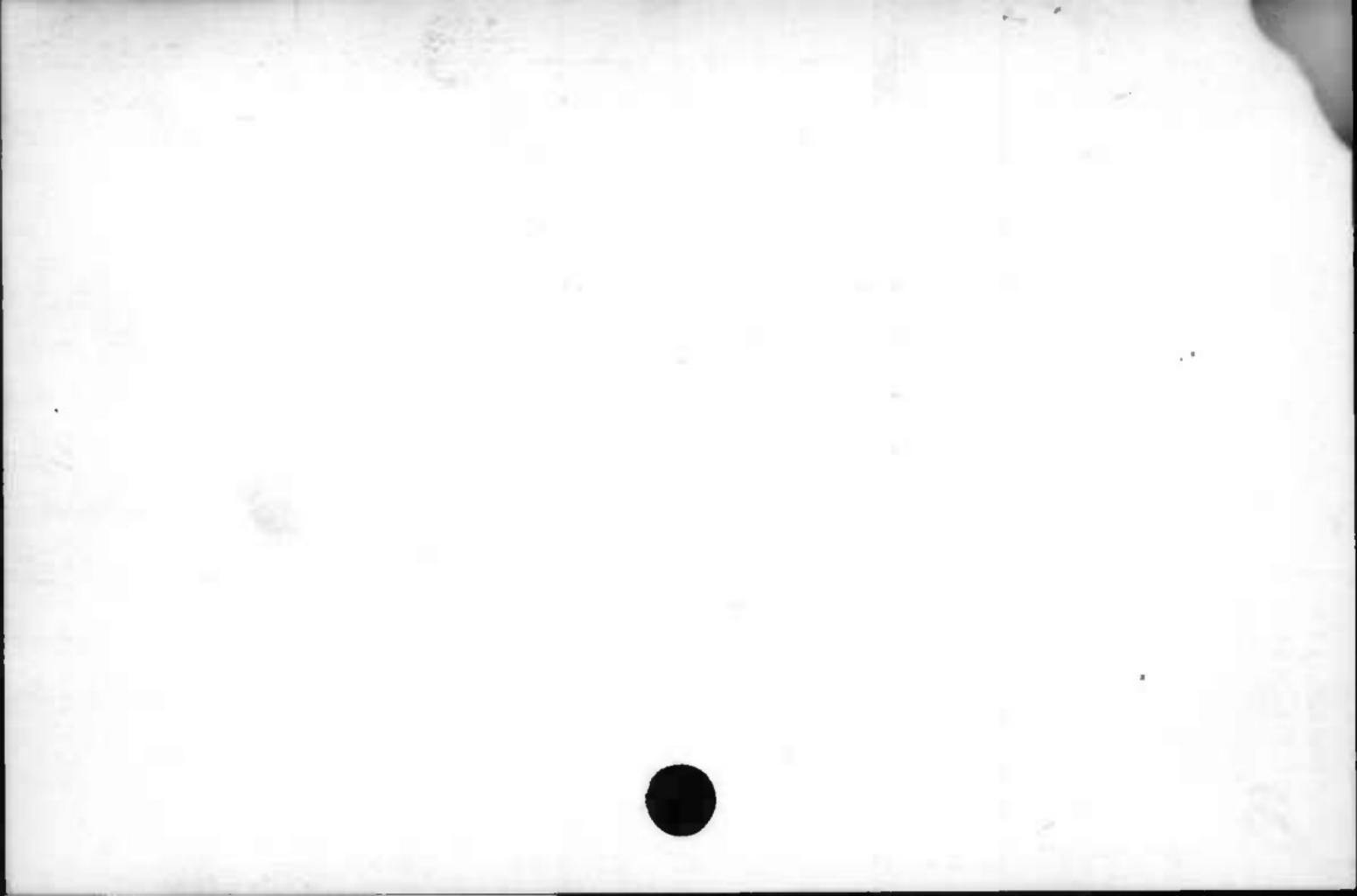
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Hyattsville</u> Town		<u>Duval County</u>		<u>MARYLAND</u>		
Date of death <u>1905</u>	Month <u>1</u>	Day <u>10</u>	Age <u>22</u>	Years <u>22</u>	Months <u>10</u>	Days <u>2</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Francklin</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Place of death</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Perry St. Blake</u>	Father's Birthplace <u>Francklin</u>					
Mother's Maiden Name <u>Suey Leahy</u>	Mother's Birthplace <u>Francklin</u>					
Name of person giving information <u>Perry St Blake</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute Tuberculosis</u>	How long <u>1 yrs</u>
Immediate <u>Exhaustion</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. D. Donovan</u>
Address <u>Chestertown</u>	
Accident or Suicide? <u>no</u>	



Name
in
Full

Sol Bouleau

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Newark</u>		Town	2 Co.		County	MARYLAND	
Date of death <u>1908</u>	Month <u>1</u>	Day <u>9</u>	Age <u>1</u>	Years <u>1</u>	Months <u>6</u>	Days <u>4</u>	
Sex <u>Male</u>	Color or Race <u>Levone</u>			Birth-place <u>2 a Co</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>						
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>						
Father's Name <u>Solome Bouleau</u>	Father's Birthplace <u>2 a Co</u>						
Mother's Maiden Name <u>Jean Johnson</u>	Mother's Birthplace <u>—</u>						
Name of person giving information <u>Sol Bouleau</u>	How related to deceased <u>Daughter</u>						

CAUSES OF DEATH

Primary	<u>Suffocation</u>	How long <u>1 day</u>
Immediate	<u>Heart failure</u>	How long <u>—</u>

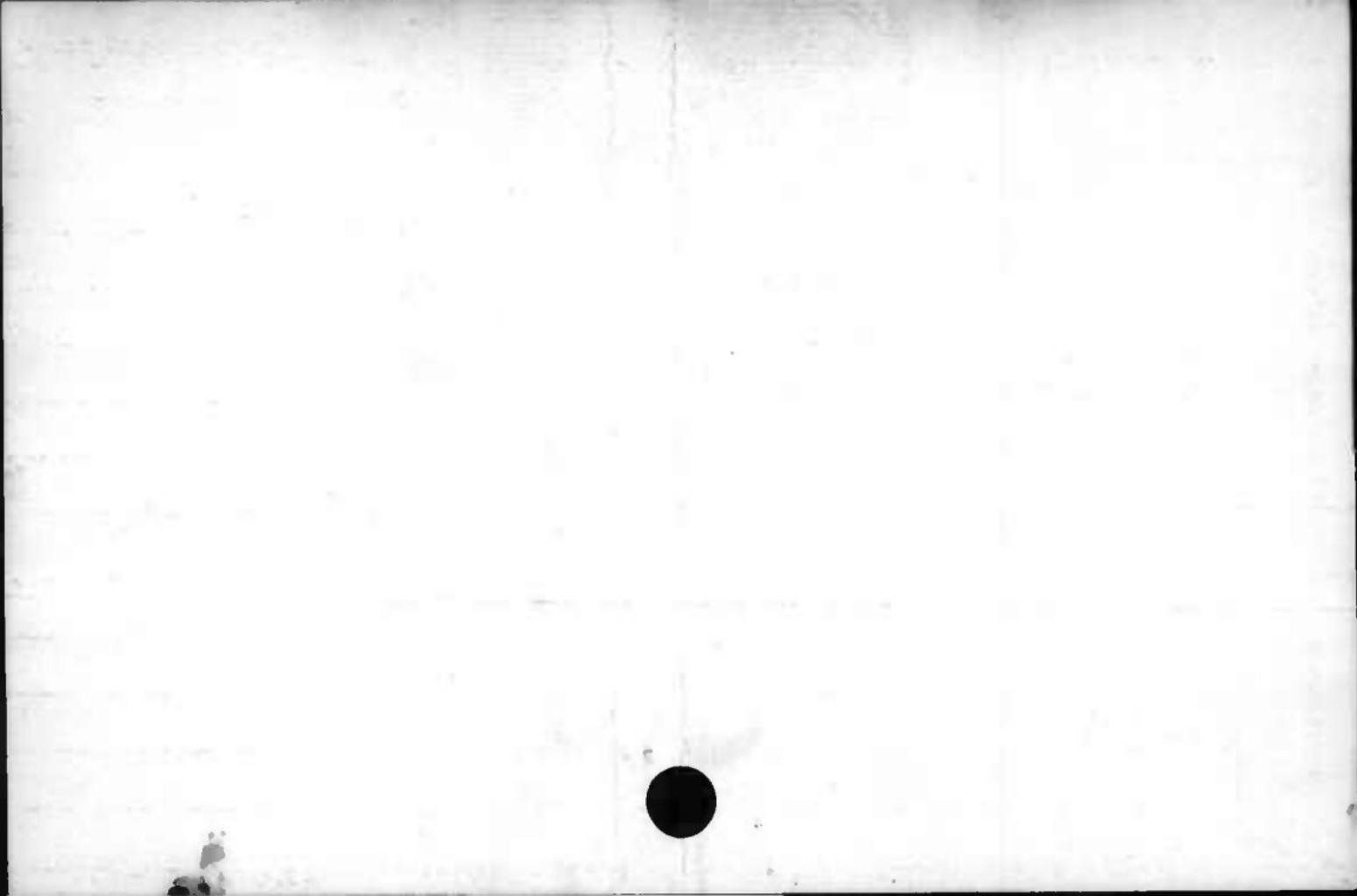
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. E. Johnson
undulant fever

Accident or Suicide?



Name
in
Full

Hattie May Bowen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	30	20
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Philadelphia, Pa.				
Father's Name	James T. Bowen				
Mother's Maiden Name	New York City				
Name of person giving information	How related to deceased				

Church Hill Queen Anne

1905 Jan 11 11 20

Female white New Jersey

Hanswif

Married Joseph Becker Germany

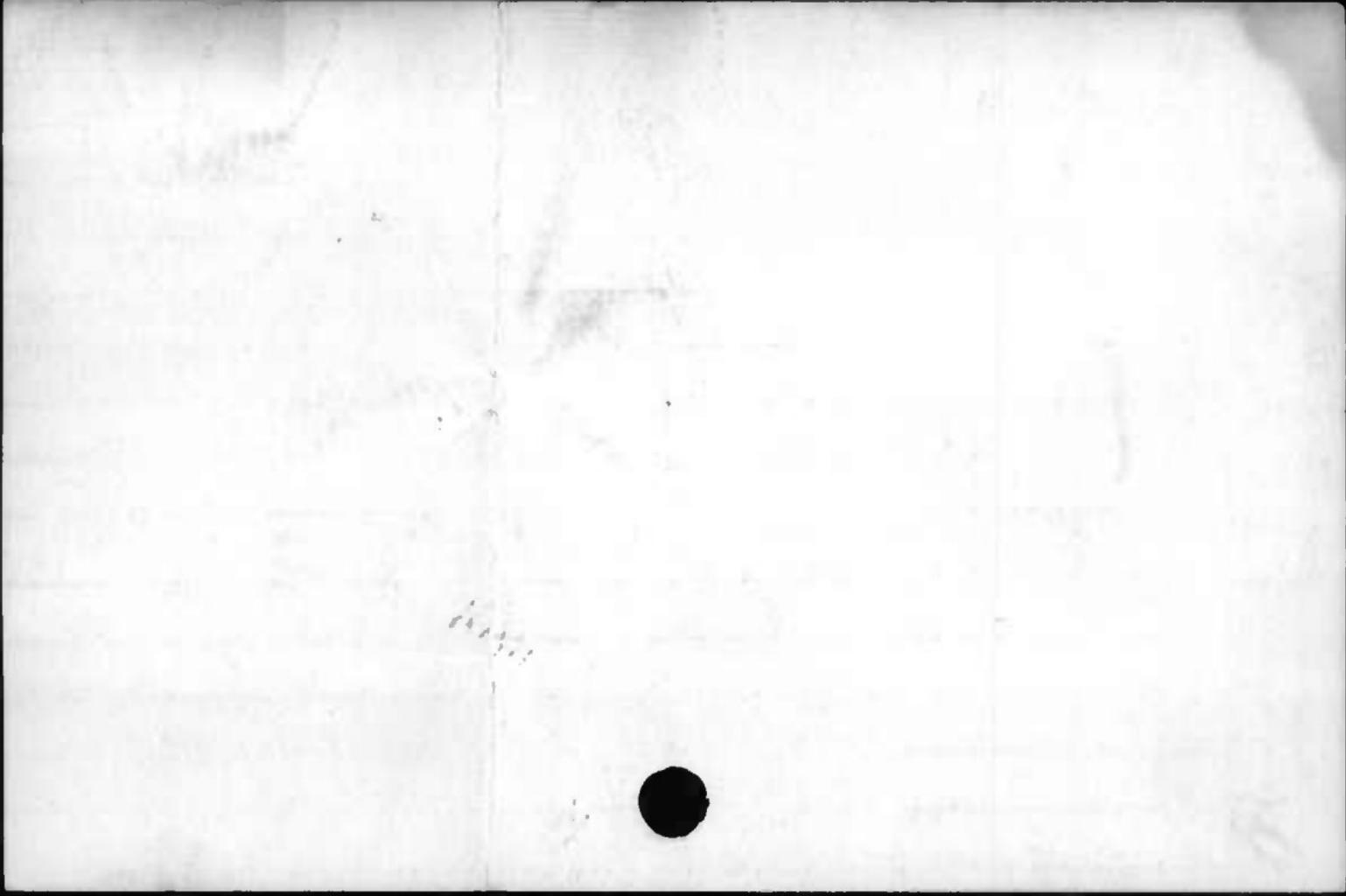
Hattie Price

James T. Bowen Husband

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	7 yrs.
Immediate	Exhaustion	How long	1 week.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. Coppage
		Address	Church Hill Md.
Accident or Suicide?			



Name
in
Full

Bradley (M)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	1	23	Infant		
Sex	Color or Race	White	Birth-place		
Female			hd		
Occupation	Where Residing if not at place of death				

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Albert P Bradley

Father's Birthplace

hd

Mother's Maiden Name

Sallie Marshall

Mother's Birthplace

hd

Name of person giving information

Albert P Bradley

How related to deceased

Father

CAUSES OF DEATH

Primary

Still born S.

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

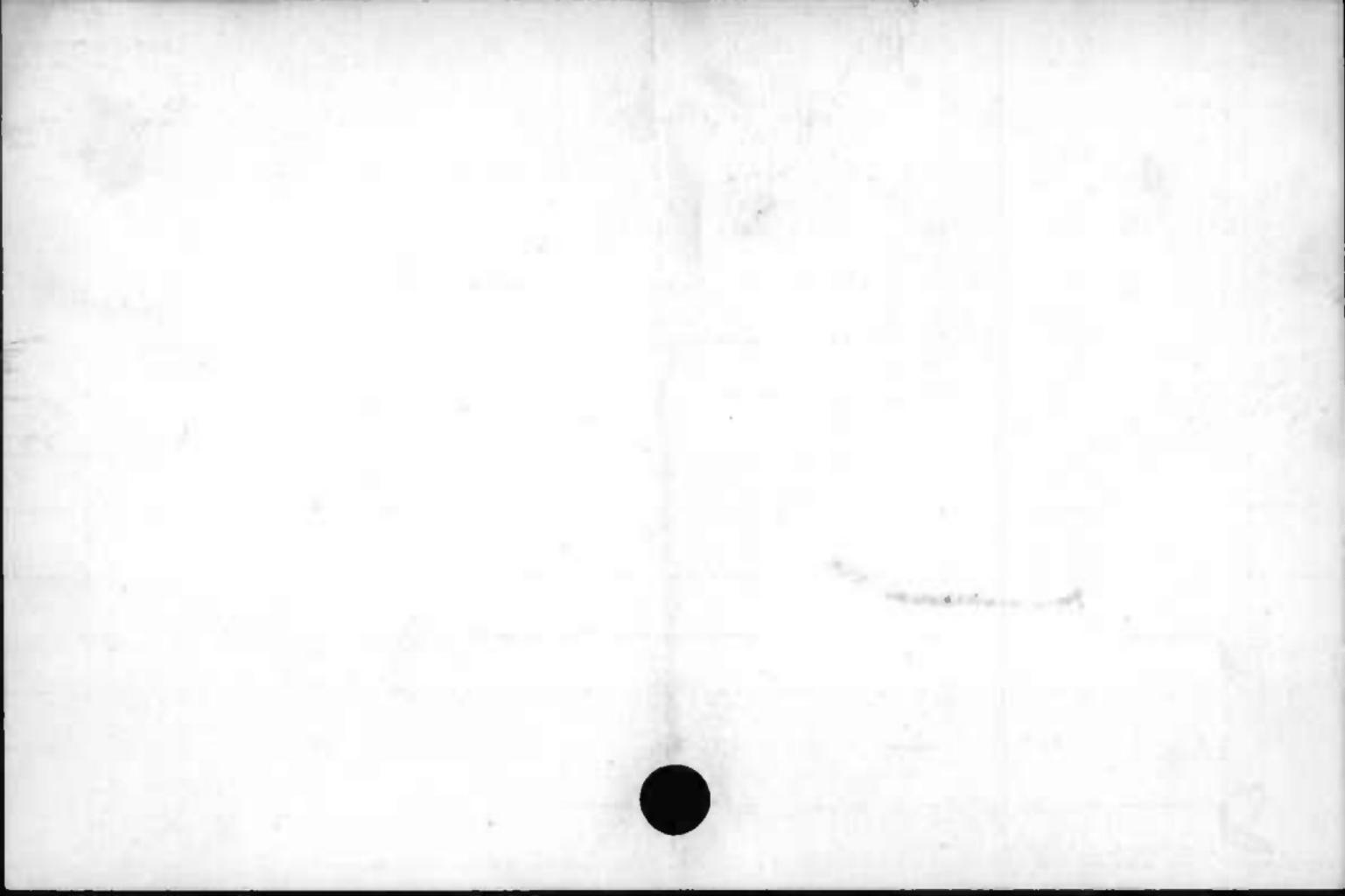
Signature of Physician

Address

J. S. Graham
Engleside hd

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Clara E. Butler

CERTIFICATE OF DEATH

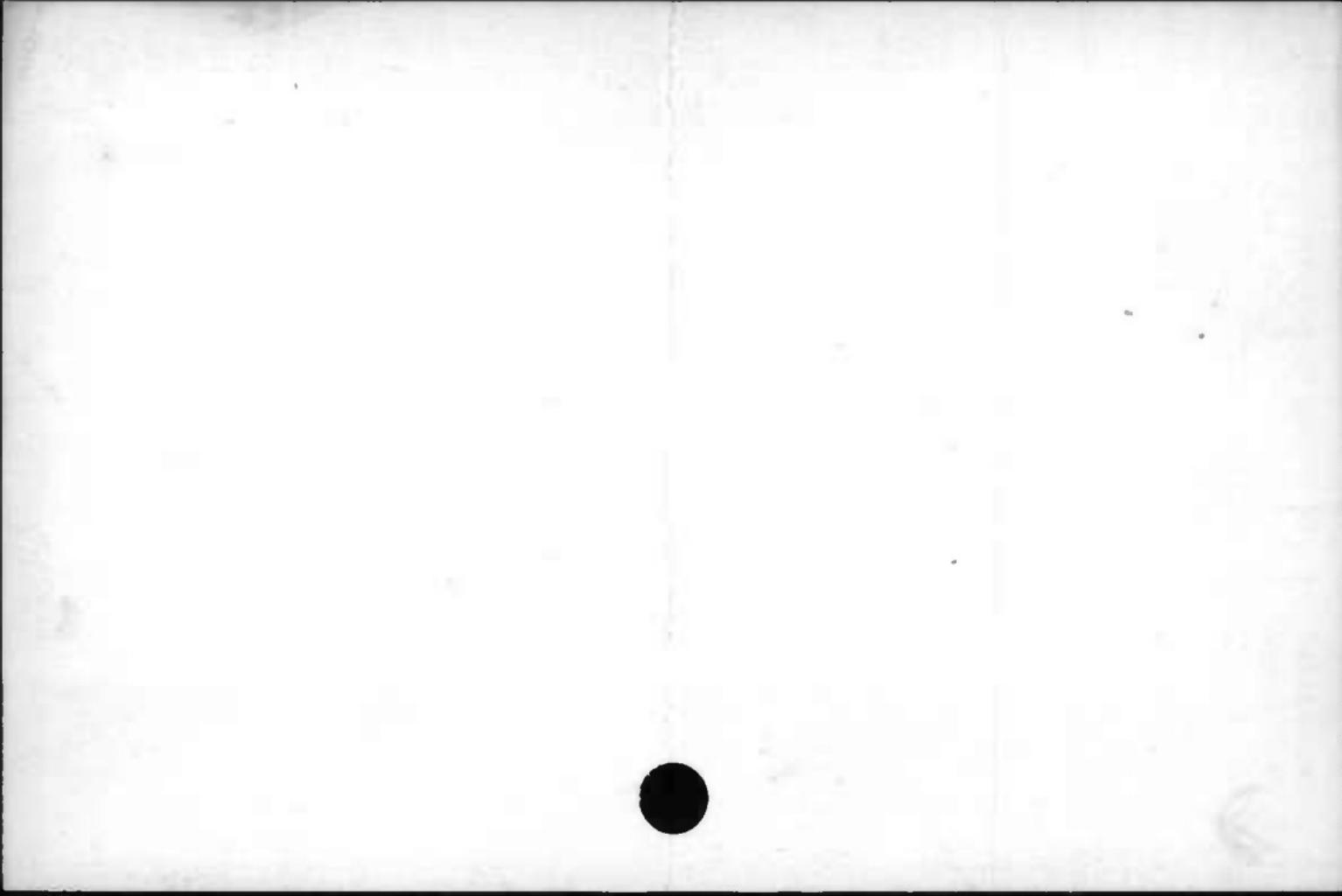
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			MARYLAND	
Died at	Price	Queen Anne				
Date of death	Month	Day	Years	Months	Days	
1905	1	20	18	4	18	
Sex	Female	Color or Race	White	Birth- place	Queen Anneles	
Occupation	Scholar	Where Residing If not at place of death			Place of death	
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	W. A. Butler			Father's Birthplace	Delaware	
Mother's Maiden Name	Minnie Knobell			Mother's Birthplace	Queen Anneles	
Name of person giving information	Minnie Knobell			How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Leptomeningitis Viral		How long	5 weeks
Immediate	Purulent meningitis		How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. M. O'Kraus M.D.	
Address	Bentwood, Queen Anneles			
Accident or Suicide?	No			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Clara May Cuff
Town County
clark's corner Queen Anne's

CERTIFICATE OF DEATH

MARYLAND

Died at	Month	Day	Years	Months	Days
Date of death 1905	1	31	Age	18	

Sex Female	Color or Race Black	Birth-place clark's corner
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Occupation	Where Residing if not at place of death
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Married, Single or Widowed

Name of Wife or Husband

Father's Name don't know.

Father's Birthplace

Mother's Maiden Name

Catharine Cuff

Mother's Birthplace

Name of person giving information

William J Cuff

How related to deceased

Grand Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

No Doctor

How long

Immediate

Whooping Cough

How long

Are the name, age, sex, color, date and place correctly given above?

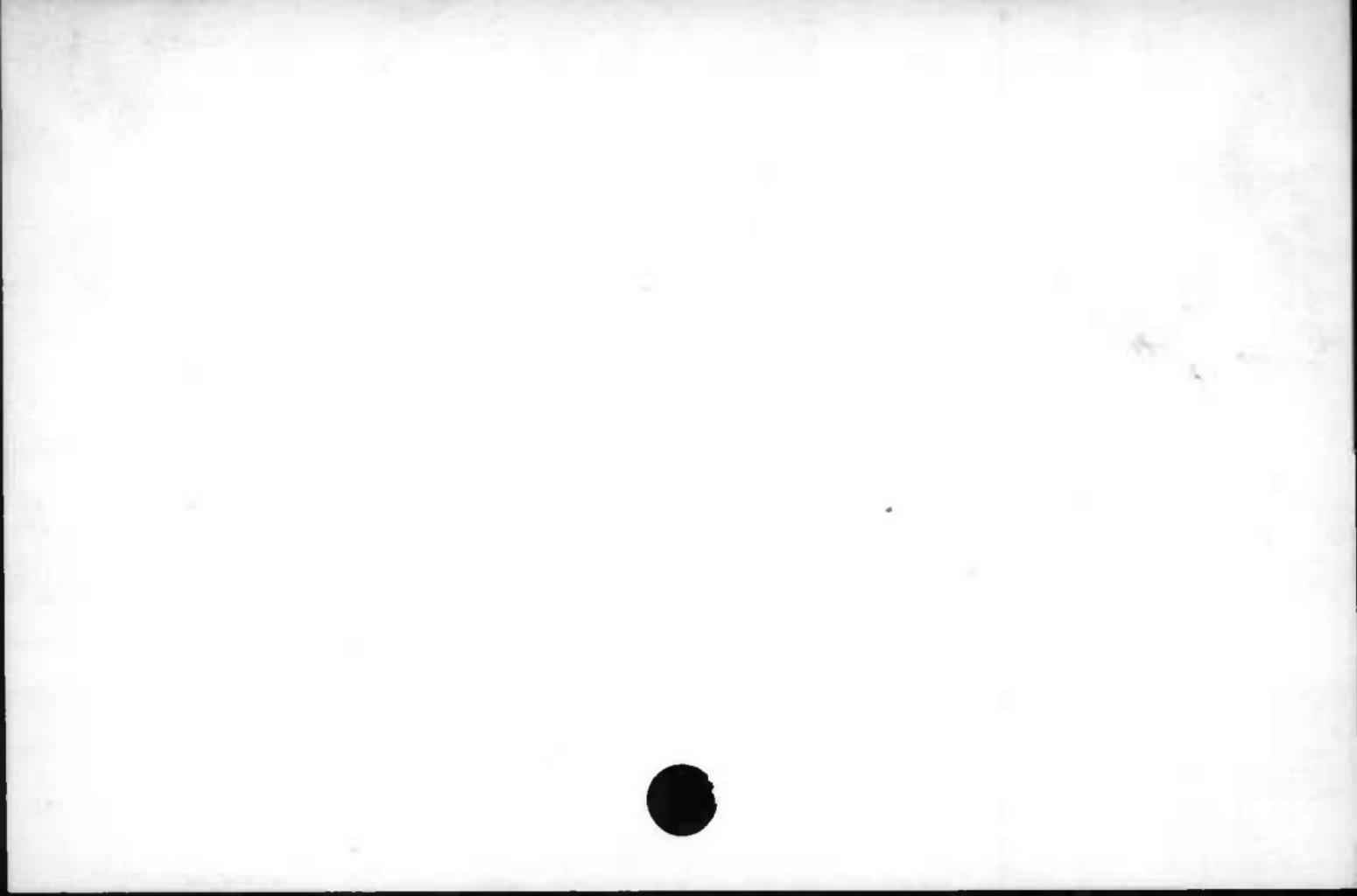
Signature of Physician

yes

Address

William J Cuff
Rox 96
Queen Anne's Co. Maryland

Accident or Suicide?



Name
in
Full

No Name -

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month 1	Day 19	Age Infant	Years	Months
Sex Girl	Color or Race White	Birth-place Ad			
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	W. J. Davis				
Mother's Maiden Name	Mary F. Seney 8.				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Stillborn	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Jacob Abraham
	Address	Engliside
Accident or Suicide?		

Church Hill
Cemetery

Name
in
Full

Jha Earle

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month Jan	Day 1	Age 18	Years	Months
Sex	Female	Color or Race	Black	Birth-place	Days	
Occupation	House girl					Where Residing if not at place of death
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	Robert N Earle			Father's Birthplace	2	
Mother's Maiden Name	Mary Earle			Mother's Birthplace	—	
Name of person giving information	Dr F D Foy			How related to deceased	—	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary

Calf

b3

How long

week

Immediate

Pneumonia

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

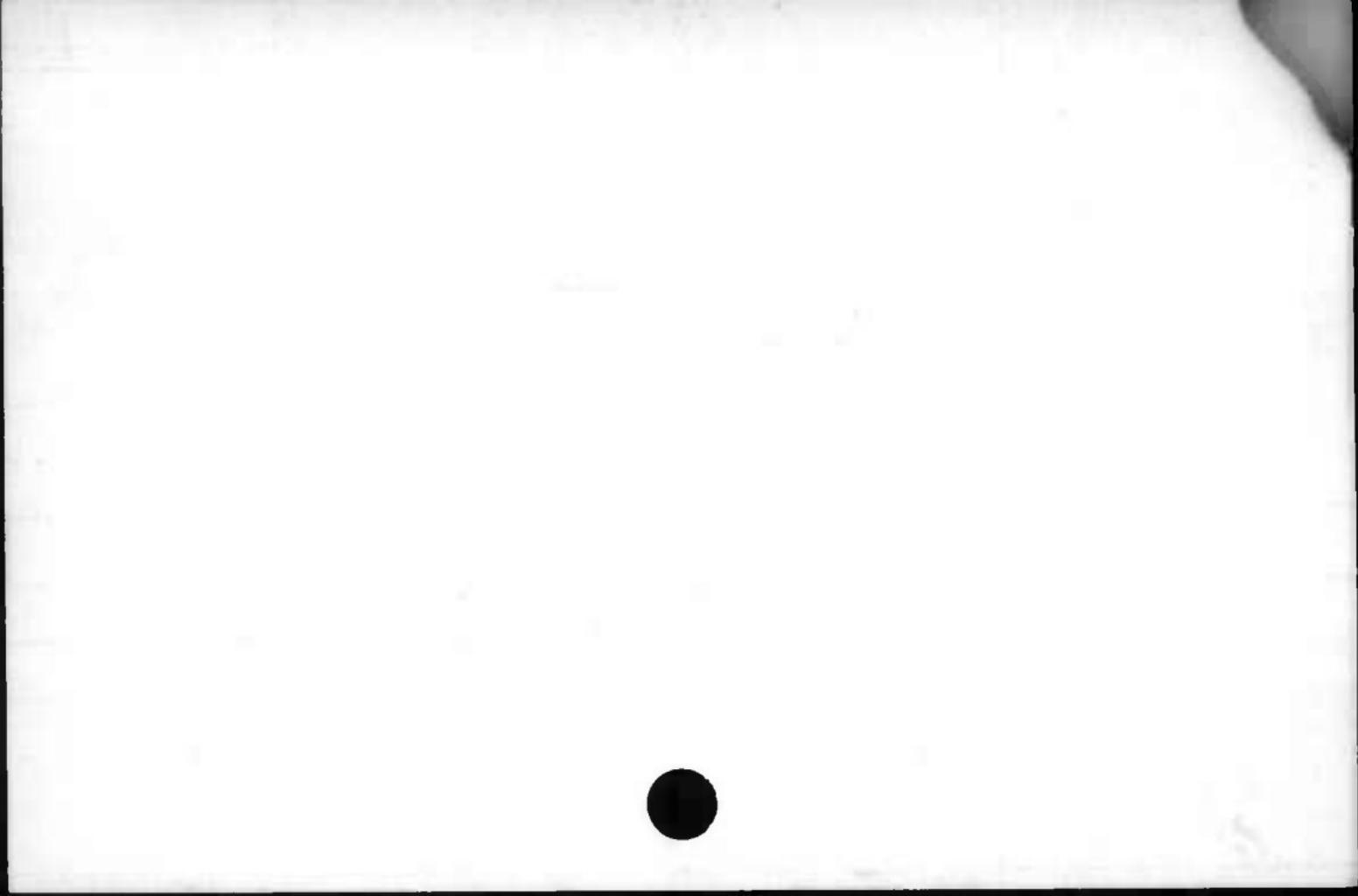
Signature of Physician

Address

Dr F D Foy
Centreville

Accident or Suicide?





Name
in
Full

Mrs W R Elliott

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Centreille	Q St				
Date of death 1905	Month Jan	Day 15	Age 54	Years	Months 7
Sex F	Color or Race	White	Occupation	Birth- place	Days
Married, Separated or Widowed					
Name of Wife or Husband	Wm J R Elliott				
Father's Name					
Mother's Maiden Name					
Name of person giving Information	Audrey Simpson				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

old age 67

How long yrs

Immediate

Phosus Pulmonary

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

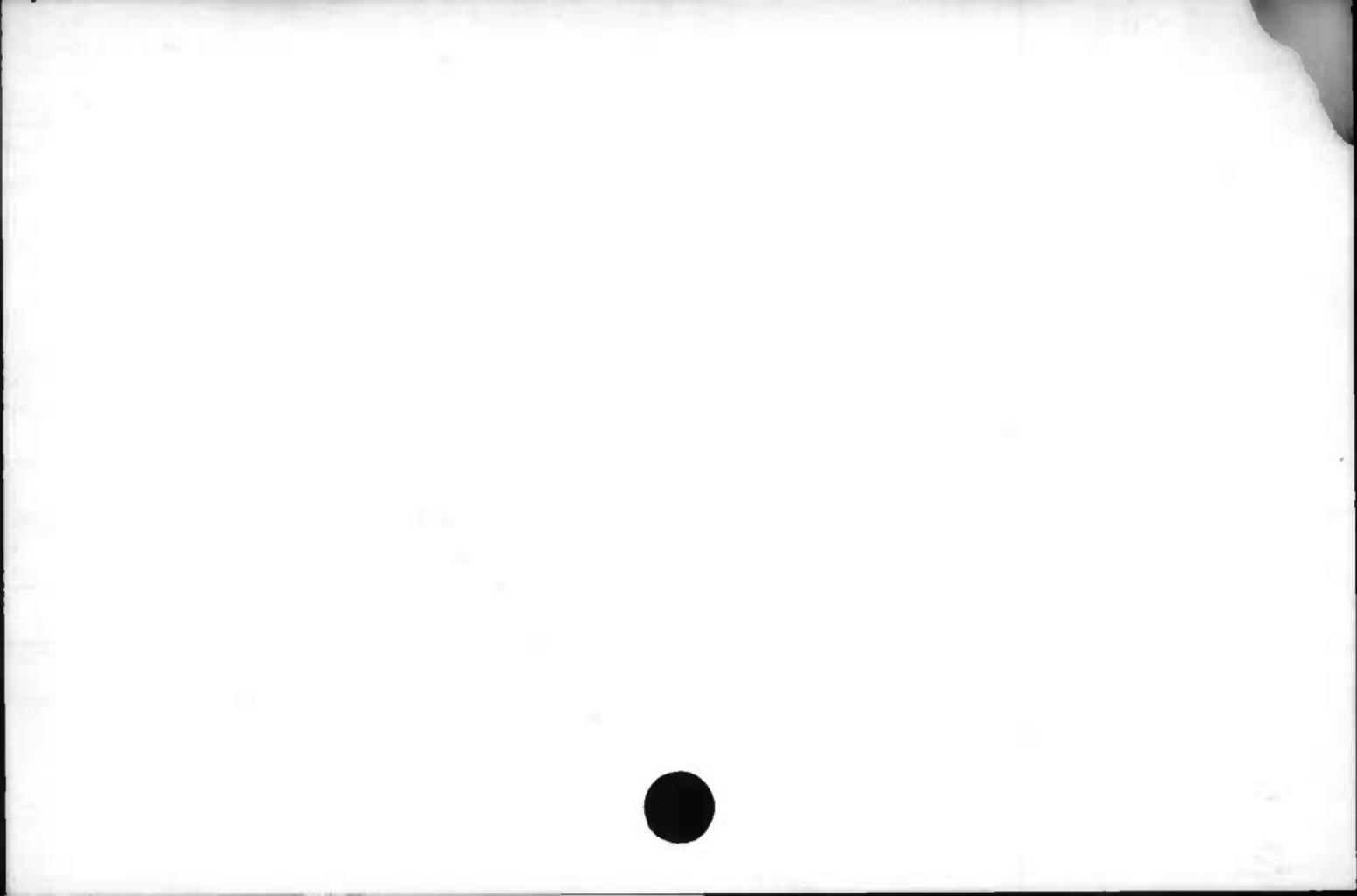
Signature of
Physician

Address

Dr Dorey
Centreille
Md



Accident or Suicide?

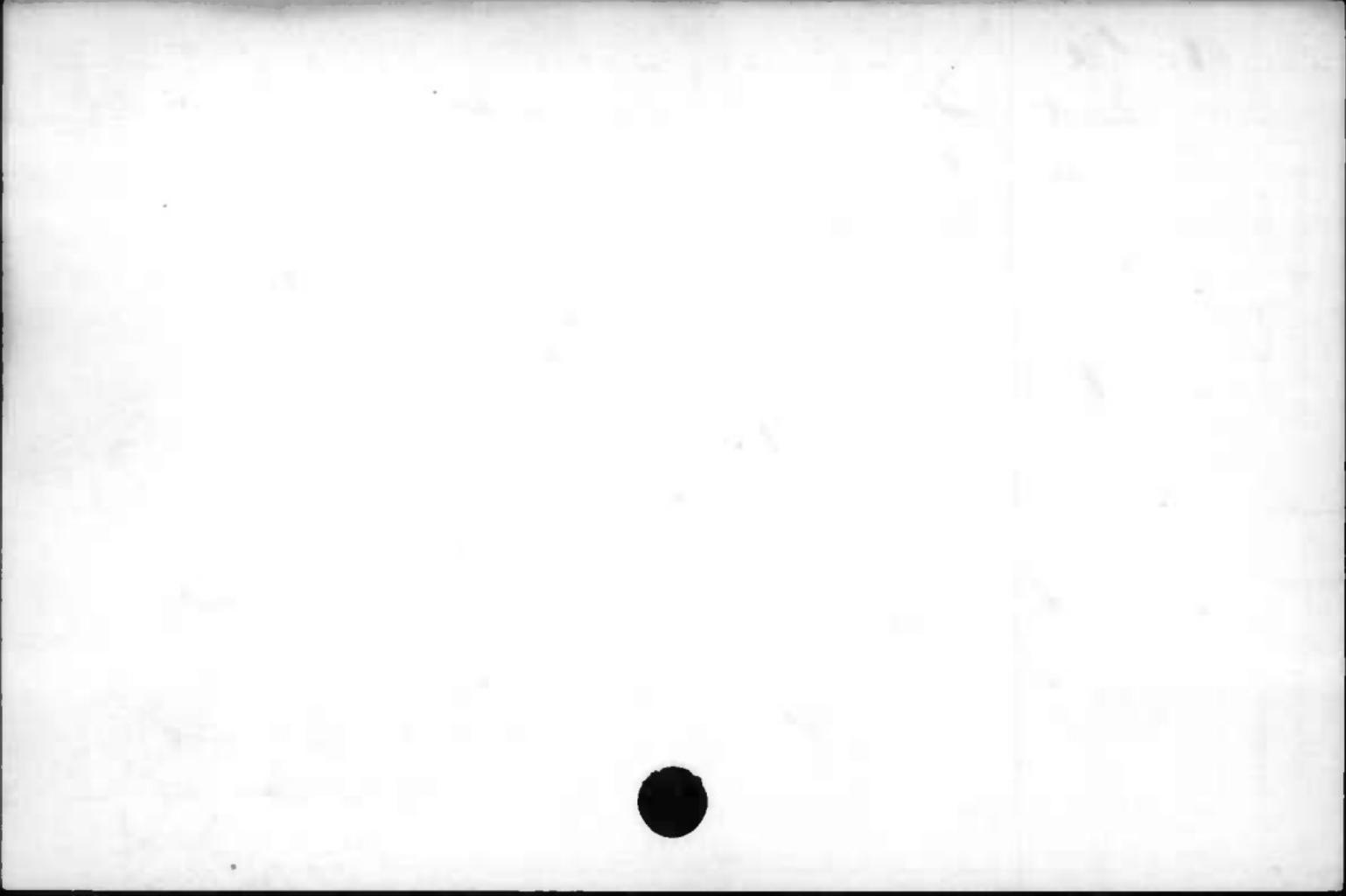


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Carmelita</u>		Town	County <u>Z.A.</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>1</u>	Day <u>2</u>	Age <u>50</u> Years	<u>Sick</u> Months	<u>Born</u>	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Carmelita</u>				
Occupation <u>wife</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		Father's Name <u>Frederick & Pearson</u>	Father's Birthplace <u>Charles</u>		
Mother's Maiden Name <u>Mary J. Shultz</u>			Mother's Birthplace <u>Z.A. 186</u>	How related to deceased <u>Father</u>		
Name of person giving information <u>Frederick Pearson</u>						
CAUSES OF DEATH						
Primary	<u>dead born</u>			How long <u>—</u>		
Immediate	<u>—</u>			How long <u>—</u>		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Yris</u>	Address <u>Indoor Trauma Baltimore Md</u>			
Accident or Suicide?		<u>no</u>				



Name
in
Full

Lydia Carson Fisher

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bethelvale</u>		Town <u>Tucker Avenue</u> County <u>Fairfax</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>1</u>	Day <u>21</u>	Age <u>87</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore 60</u>			
Occupation <u>Lady</u>	Where Residing if not at place of death <u>Place of death</u>				
Married, Single or Widowed <u>Saygle</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Wm Fisher</u>				Father's Birthplace <u>Harford 60</u>	
Mother's Maiden Name <u>Elizabeth Carson</u>				Mother's Birthplace <u>Baltimore 60</u>	
Name of person giving information <u>Mrs Wm Woodford</u>				How related to deceased <u>Niece</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senility

How long —

Immediate

55

How long —

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Groenstrau M.D.
Bethelvale,
Fairfax 60

J

Accident or Suicide?

No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Viola Gibb.
Died at Mea Town County
Centreville S. L.

CERTIFICATE OF DEATH

MARYLAND

Date of death 1905	Month Jan	Day 3	Age 3	Years	Months 2	Days
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Sex Female	Color or Race colored	Birth-place J. A.
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Occupation	Where Residing if not at place of death J. A.
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Married, Single or Widowed	Name of Wife or Husband
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Father's Name	Samuel T. Gibb.	Father's Birthplace J. A.
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Mother's Maiden Name	Eleanor T. Wright	Mother's Birthplace J. A.
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Name of person giving information	Samuel T. Gibb.	How related to deceased Father
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CAUSES OF DEATH

Primary	Whooping Cough	How long 2 weeks
Immediate	Croup	How long 2 days

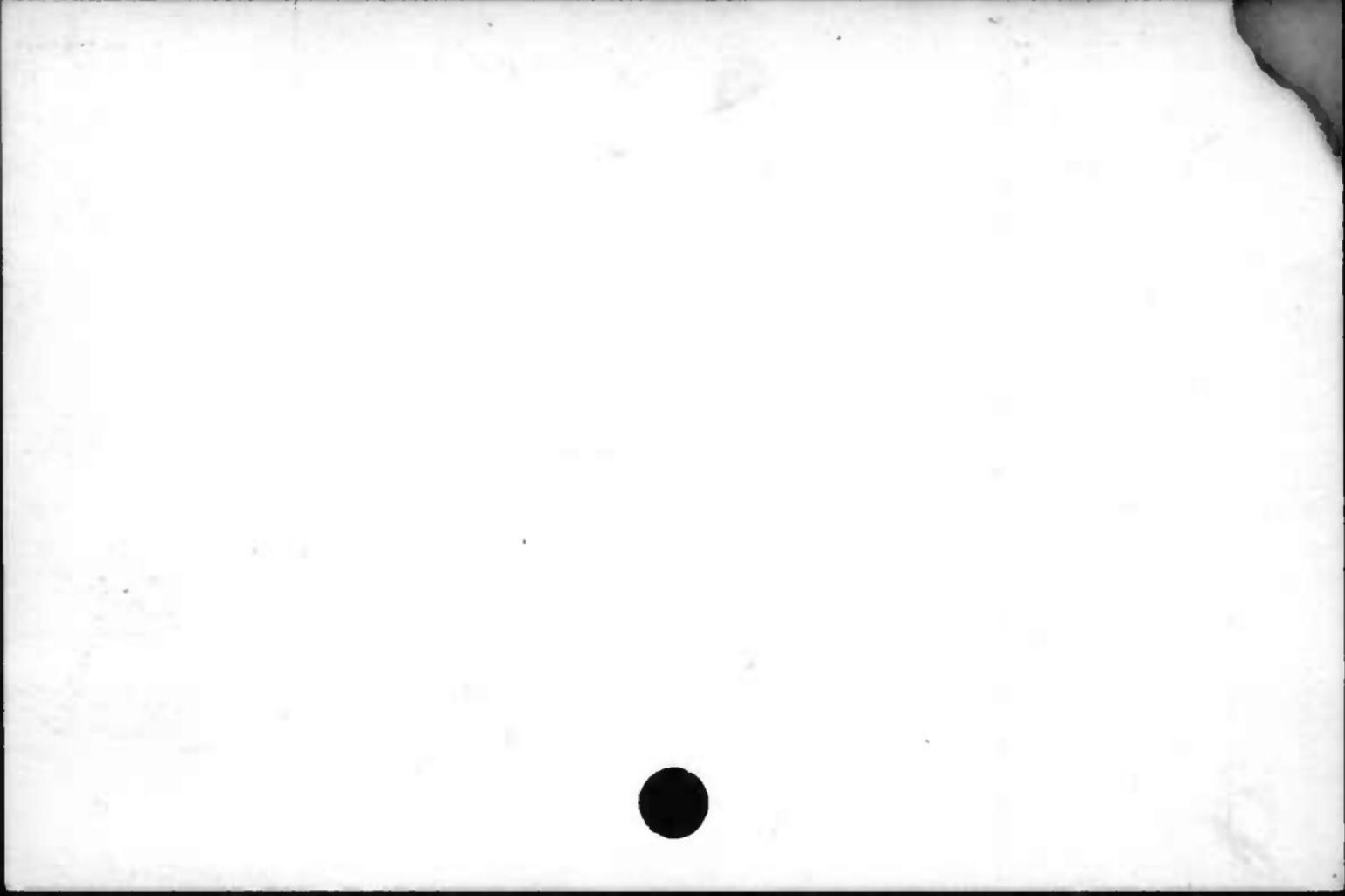
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Jos. G. Davis
None
Centreville
Md

Accident or Suicide?



Name
in
Full

Mrs. David Hurlock.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905.	Month Jan.	Day 12.	Age 80	Years	Months 3
Sex Male	Color or Race White	Birth-place Kent Co Del.	Days 29		
Married, Single or Widowed Married	Occupation Retired Farmer				
Name of Wife or Husband					
Father's Name	David Hurlock	Father's Birthplace Del.			
Mother's Maiden Name	Dorothy Seaman	Mother's Birthplace New York			
Name of person giving information	David Hurlock	How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption

How long

8 yrs

Immediate

Heart failure

How long

2 yrs

Are the name, age, sex, color, date and place correctly given above?

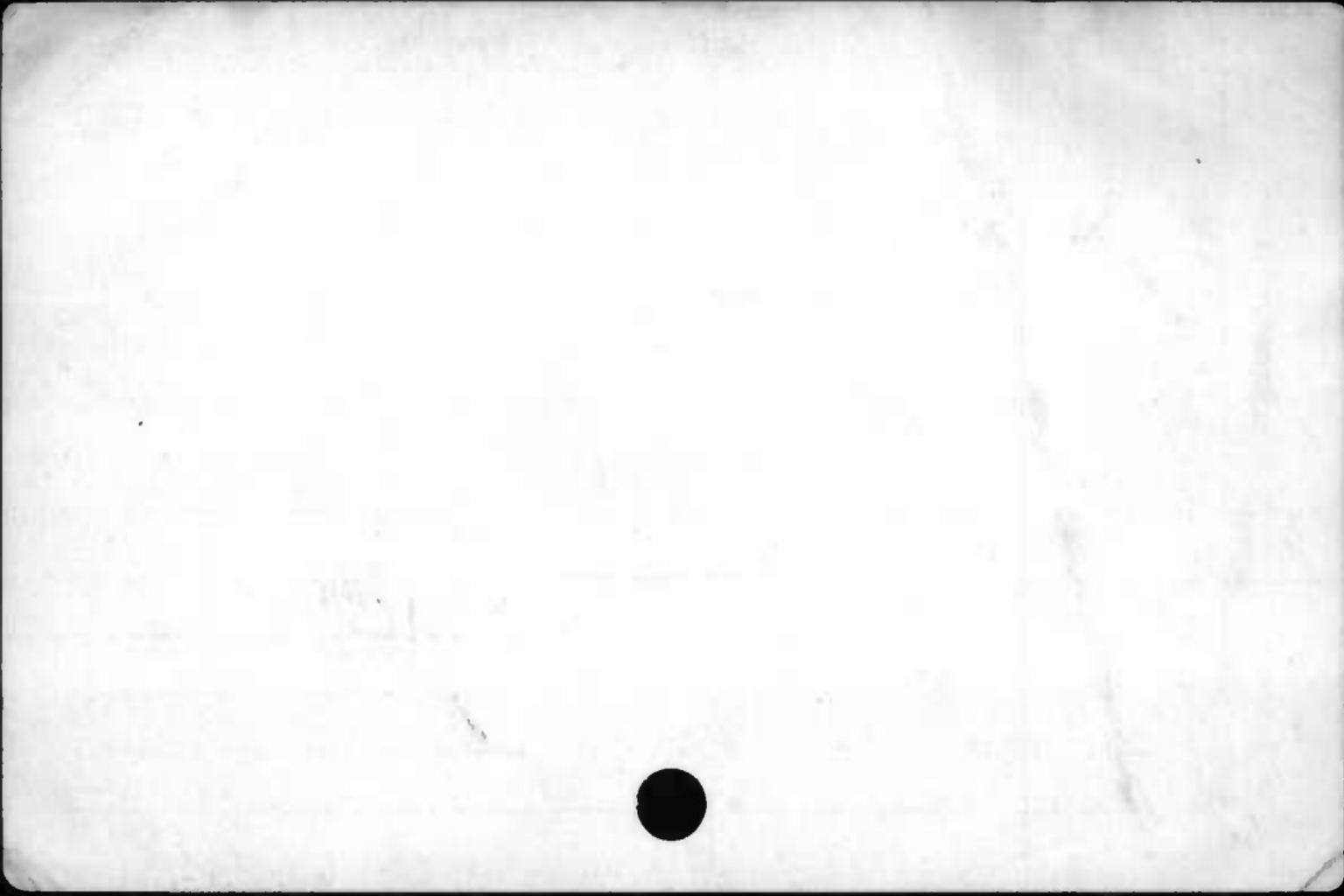
yes.

Signature of Physician

Address

Chas St Wheland MD
Lexington MD

Accident or Suicide



Name
in
Full

-not named- Jump (MP)

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

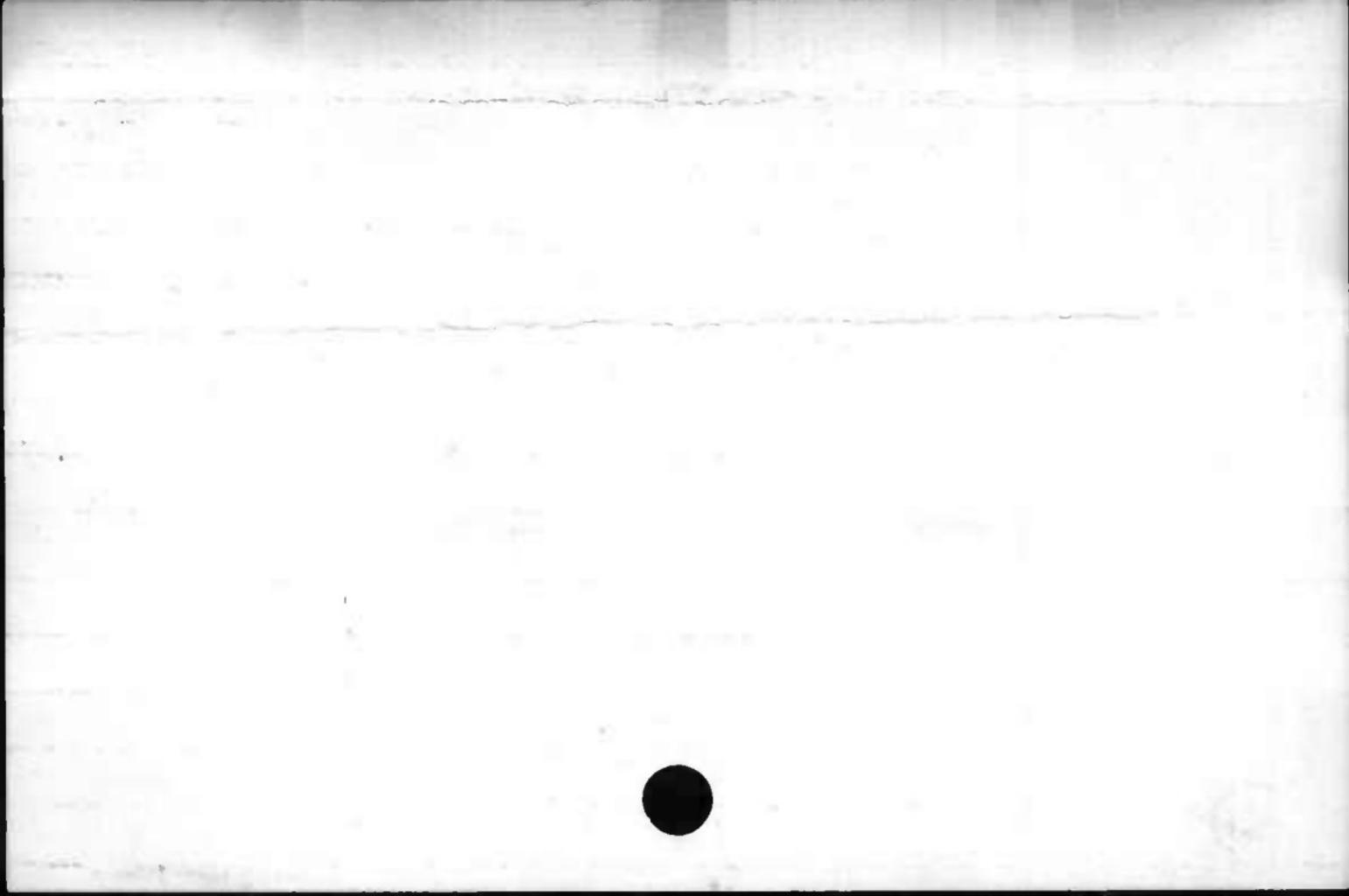
Died at	Town	County	MARYLAND
Date of death 1908	Month June	Day 24	Years —
Sex Male	Color or Race White	Birth-place	Mar 26, 1908
Occupation Infant	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Harry Jump	Father's Birthplace	Green Anne Lee
Mother's Maiden Name	Miss Carter	Mother's Birthplace	Green Anne Lee
Name of person giving Information	Harry Jump	How related to deceased	Father

CAUSES OF DEATH

Primary	Whooping cough	How long	Four weeks
Immediate	Pneumonia	How long	Three weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Howard R. Hopkins,
		Address	Zenon Town, Md.
Accident or Suicide?			

PHYSICIAN
OR CORONER

9



Name
in
Full

Lottie Mack

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Lawrence</u>		Town <u>2</u> County <u>or</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>1</u>	Day <u>4</u>	Age <u>25</u>	Years <u>25</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>female</u>	Color or Race <u>negro</u>	Birth-place <u>Unknown</u>				
Occupation <u>House wife</u>	Where Residing if not at place of death <u>Near Lawrence</u>					
Married, Single or Widowed <u>W</u>	Name of Wife or Husband <u>Jessie Mack</u>					
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>					
Mother's Maiden Name <u>cc</u>	Mother's Birthplace <u>!!</u>					
Name of person giving Information <u>Mr Mack.</u>	How related to deceased <u>Daughter</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pregnancy</u> (<u>Born dead</u>)	<u>Hydrocephalus</u>	How long <u>one month</u>
Immediate	<u>Result of confinement</u>	<u>Child</u>	How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

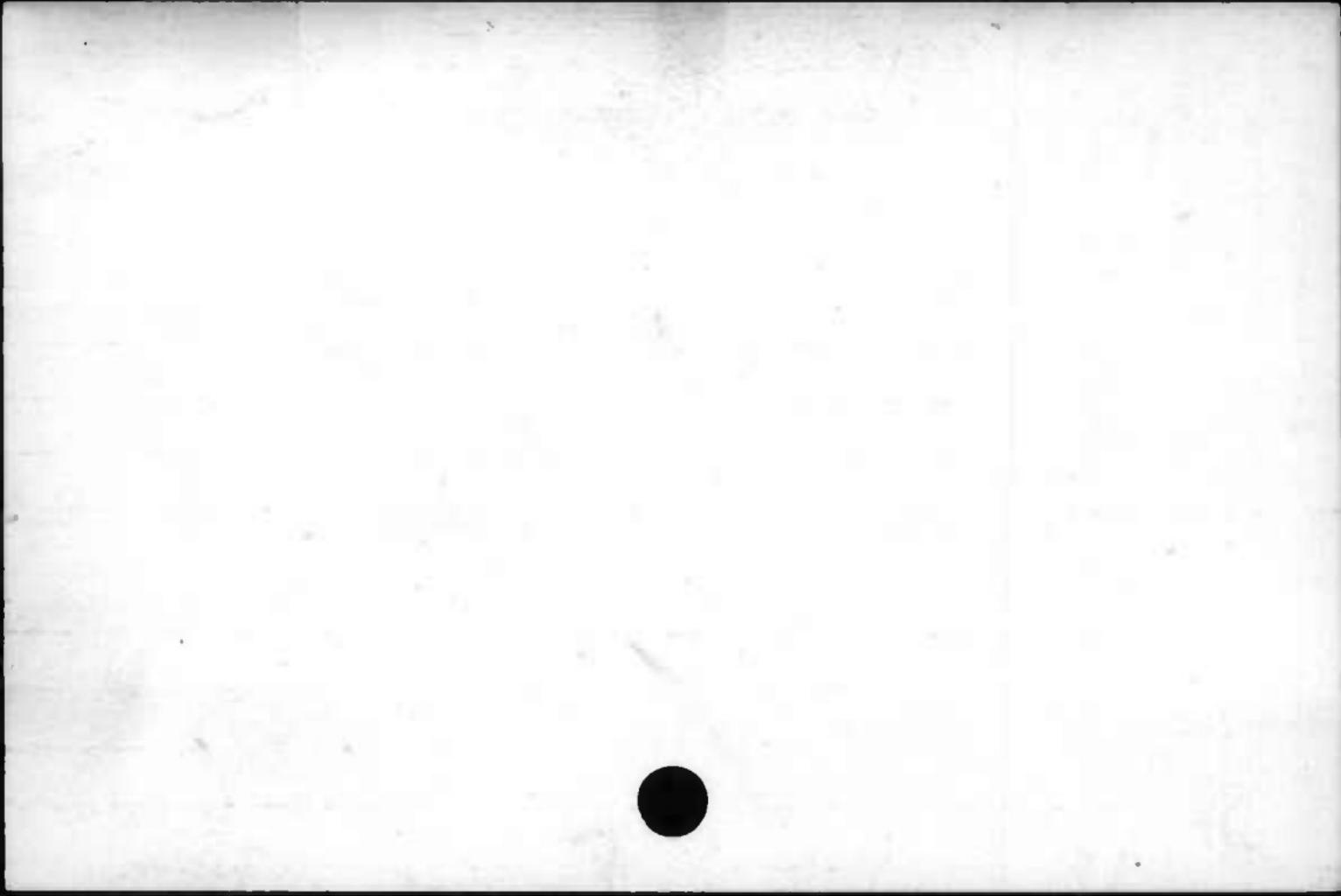
Howard R. Hopkins

Address

2 Newstone
Md.



Accident or Suicide?



Name
in
Full

Dane Mason

CERTIFICATE OF DEATH

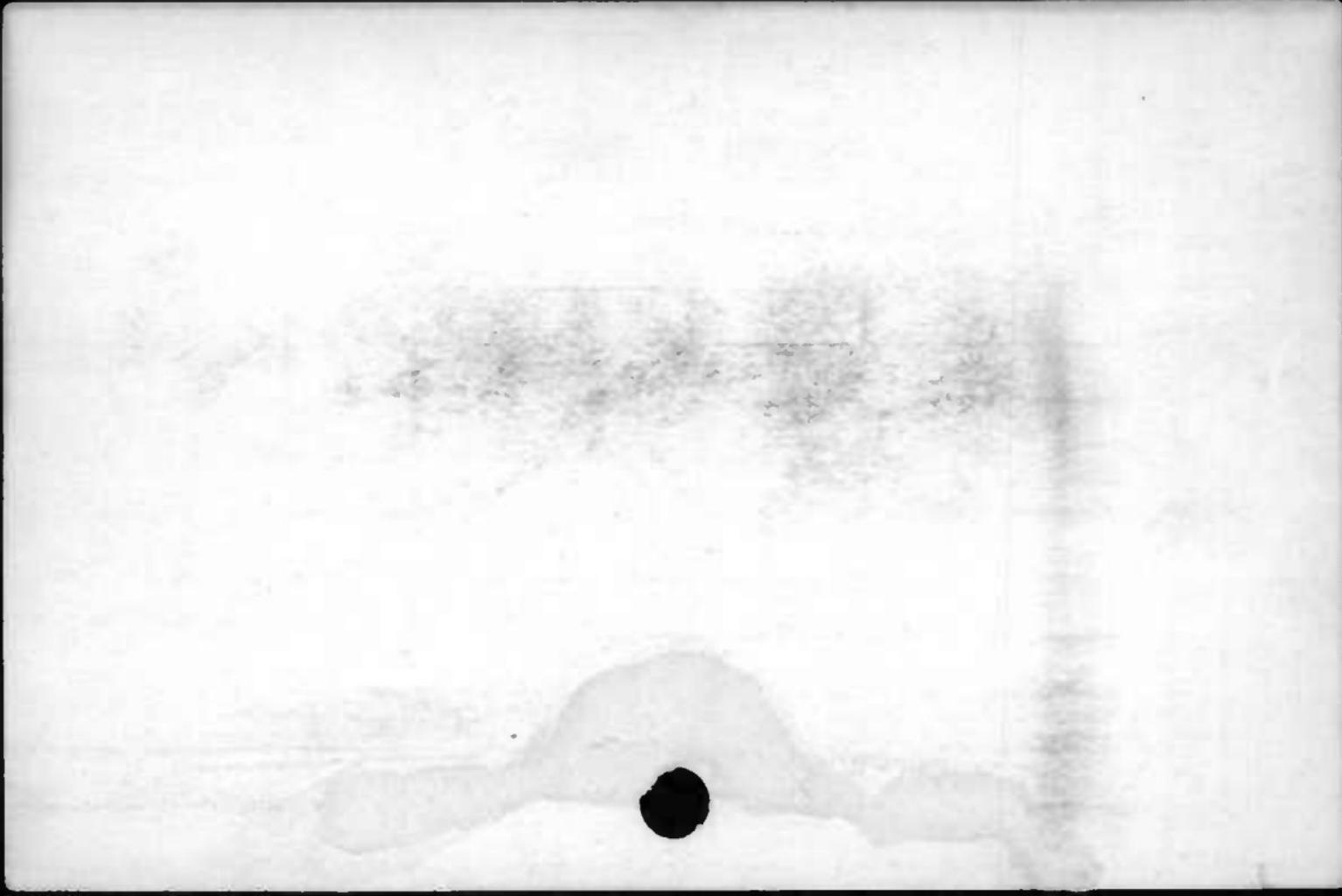
TO BE ANSWERED BY
NEAREST FRIEND

Died at Perry's Corner		Town	Sioux Avenue		County	MARYLAND	
Date of death	1905	Month Jan.	Day 28	Years Age 79	Birth-place Talbot Co., Md.	Months	Days
Sex Female	Color or Race white						
Occupation Housewife	Where Residing if not at place of death			Place of death			
Married, Single or Widowed Widower	Name of wife or Husband	Jacob Mason					
Father's Name Unknown				Father's Birthplace	"		
Mother's Maiden Name Unknown				Mother's Birthplace	"		
Name of person giving information Dane Thorne	(21)			How related to deceased	I-		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary tuberculosis		How long	20 yrs.
Immediate	Emphysema - bronchitis		How long	"
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. Adams	
		Address	Successland, Md.	
Accident or Suicide?	<input checked="" type="checkbox"/>			



Name
in
Full

Merrick (M.P.)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <i>England</i>		County <i>S. James</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>1</i>	Day <i>17</i>	Age <i>67 years</i>	Months <i>only</i>	Days <i>few hours</i>
Sex <i>Female</i>	Color or Race <i>White</i>			Birthplace <i>Angeleside</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>B. P. Merrick</i>		Father's Birthplace <i>London</i>		
Mother's Maiden Name	<i>Oscar Griffith</i>		Mother's Birthplace <i>London</i>		
Name of person giving Information	<i>B. P. Merrick</i>		How related to deceased <i>Father</i>		

CAUSES OF DEATH

Primary *lungs & heart* How long

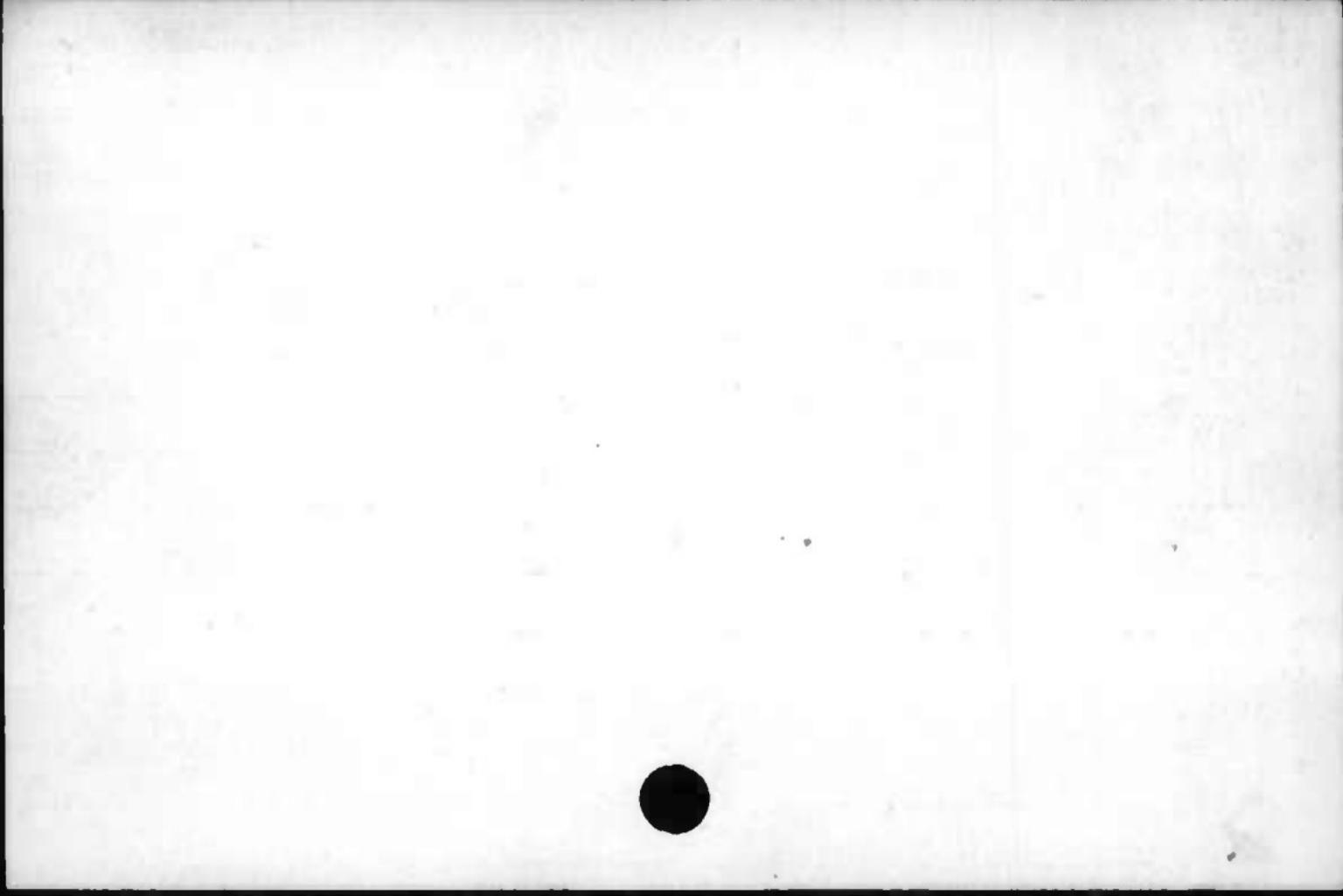
Immediate *lungs & heart* How long

Are the name, age, sex, color/date and place correctly given above?

Signature of Physician *Law, G. Graham*

Address *Engleside Rd*

Accident or Suicide?



Name
in
Full

Annie R Newcomb

CERTIFICATE OF DEATH

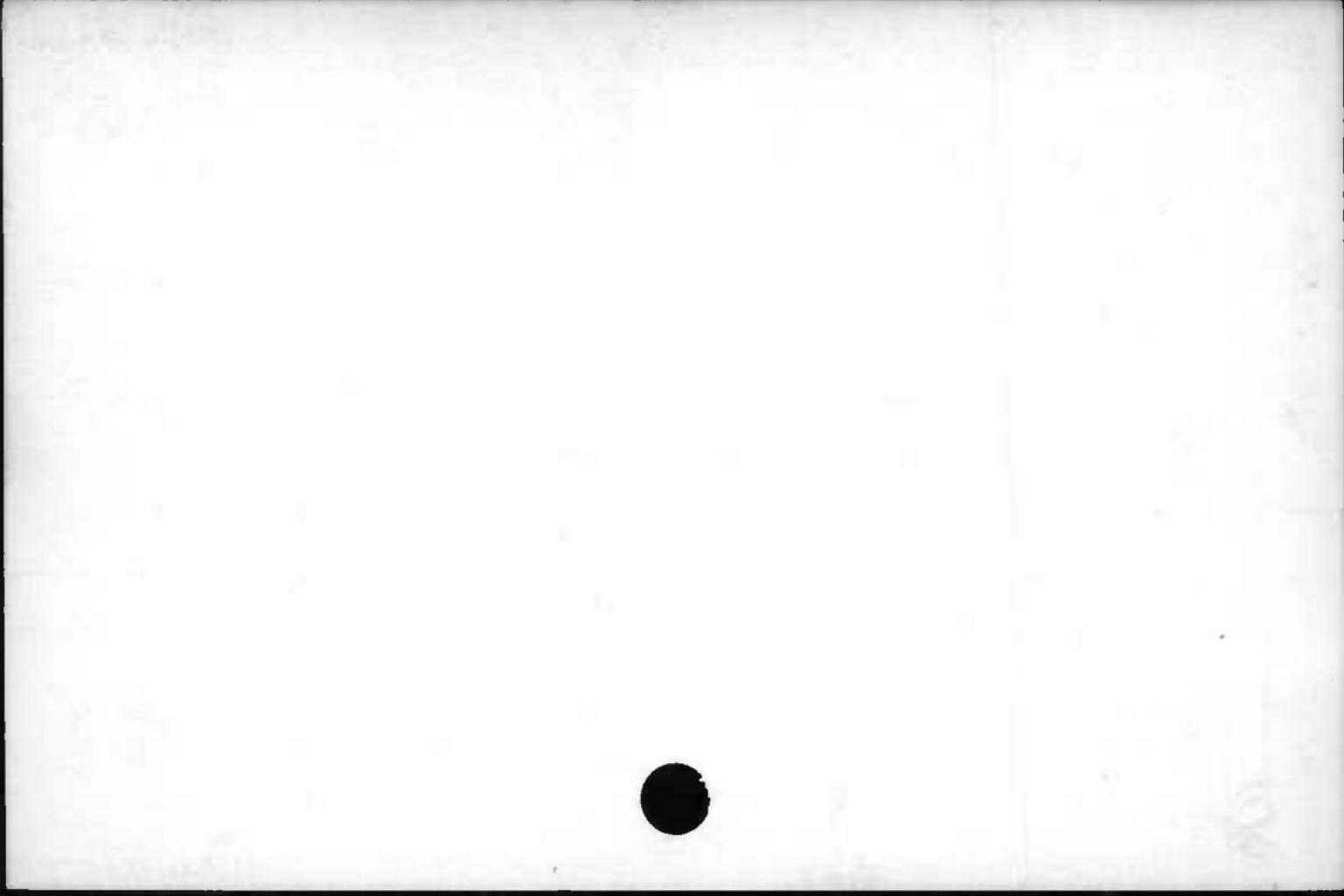
To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Charles Newcomb			
Father's Name	John Cain				
Mother's Maiden Name	Eunice Cain				
Name of person giving information	Eli Turner				
CAUSES OF DEATH					
Primary	Pneumonia				
Immediate	93				
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician				
yes					
Address	Howard E. Shonland				
Accident or Suicide?	Baltimore Md				

PHYSICIAN
OR CORONER





Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

William Porter

Died ^{Town} ~~New Franklin~~

J.C. County

CERTIFICATE OF DEATH

MARYLAND

Date
of death 1905

Month 1

Day 9

Years

Age 80

Month

Days

Sex Male

Color or
Race White

Birth-
place Ireland

Occupation Farmer

Where Residing if not
at place of death

Married, Single
or Widowed Married

Name of Wife or
Husband Margaret Porter

Father's
Name Thomas Porter

Father's
Birthplace Ireland

Mother's
Maiden Name Margaret Porter

Mother's
Birthplace Ireland

Name of person giving
Information Margaret Porter

How related
to deceased Wife

CAUSES OF DEATH

Primary

Chronic Nephritis & Hypertension

How long

3 or 4 months

Immediate

Thrombosis

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. P. B. Roar, M.D.
Franklinville, Me.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Samuel Richardson

CERTIFICATE OF DEATH

Town
near Hayden

County
Queen Anne

MARYLAND

Date Died 1905 Month Jan Day 19 Years 19 Months 7 Days 10
Sex Male Color or Race Black Birth-place 7 Md.

Occupation

Laborer

Where Residing if not
at place of death

near Hayden

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Edward H. Richardson

Father's
Birthplace

Md.

Mother's
Maiden Name

Mary Hallie Bordley

Md.

Name of person giving
Information

Edward H. Richardson

Father

How related
to deceased

CAUSES OF DEATH

Primary

Injury to head from fall on ice

How long

2 weeks

Immediate

Concussion of Brain

How long

4 or 5 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

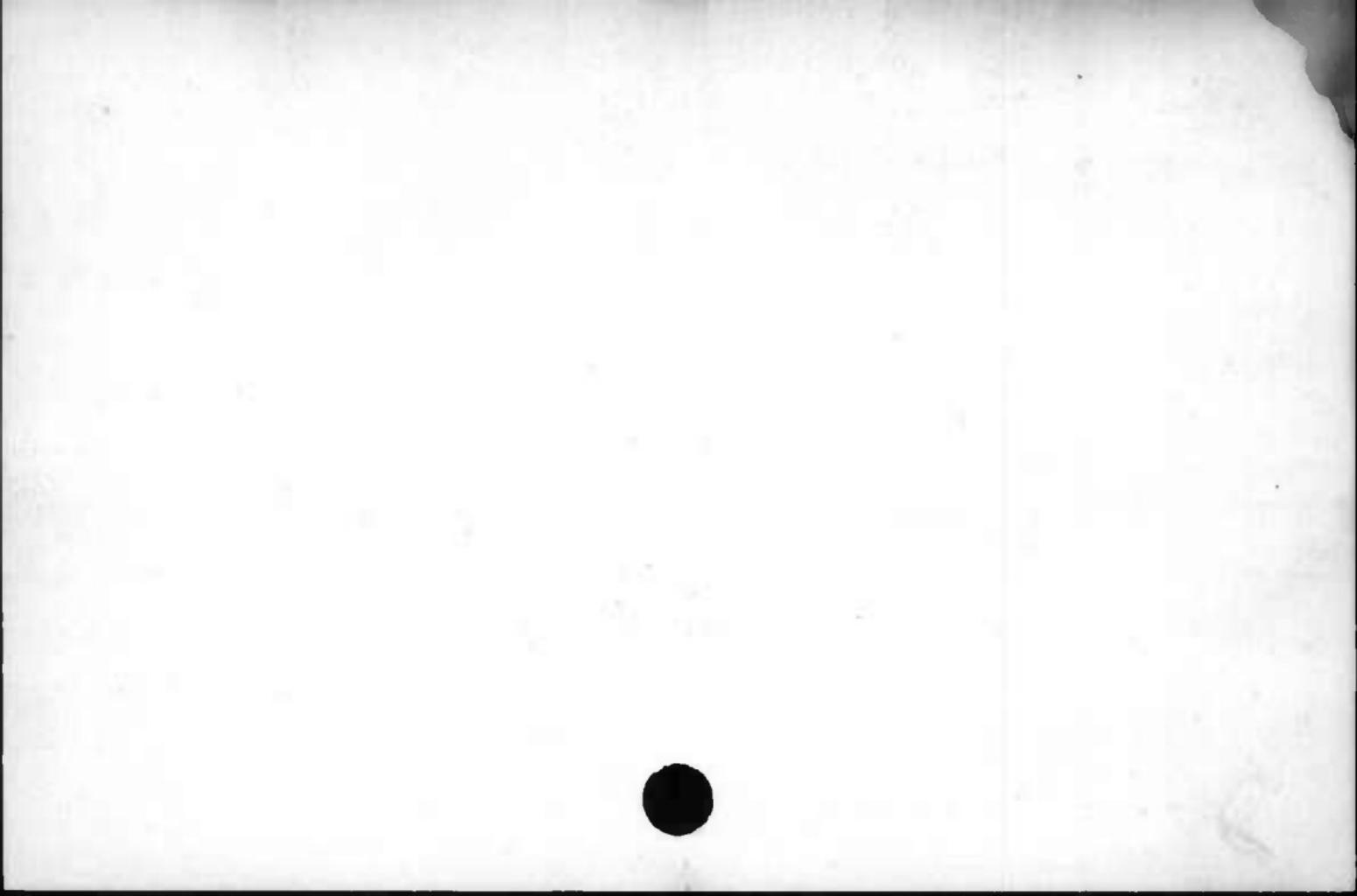
Yes

Signature of
Physician

Address

W. G. Cabbage
Church Hill
Md.

Accident or Suicide?



Name
in
Full

Laura L. Rasic

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bethelville</u> Town		County <u>2 a'</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>1</u>	Day <u>6</u>	Age <u>3</u> Years	Months <u>-</u>	Days <u>-</u>	
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Bethelville</u>				
Occupation <u>Muroring</u>	Where Residing if not at place of death <u>Place of death</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Dmⁿ Edward</u>	Father's Birthplace <u>—</u>					
Mother's Maiden Name <u>Kayie Rasic</u>	Mother's Birthplace <u>Bethelville</u>					
Name of person giving Information <u>John Rasic</u>	How related to deceased <u>Nucle</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

acute Nephritis

How long

1 month

(110)

Immediate

Urination

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

yes

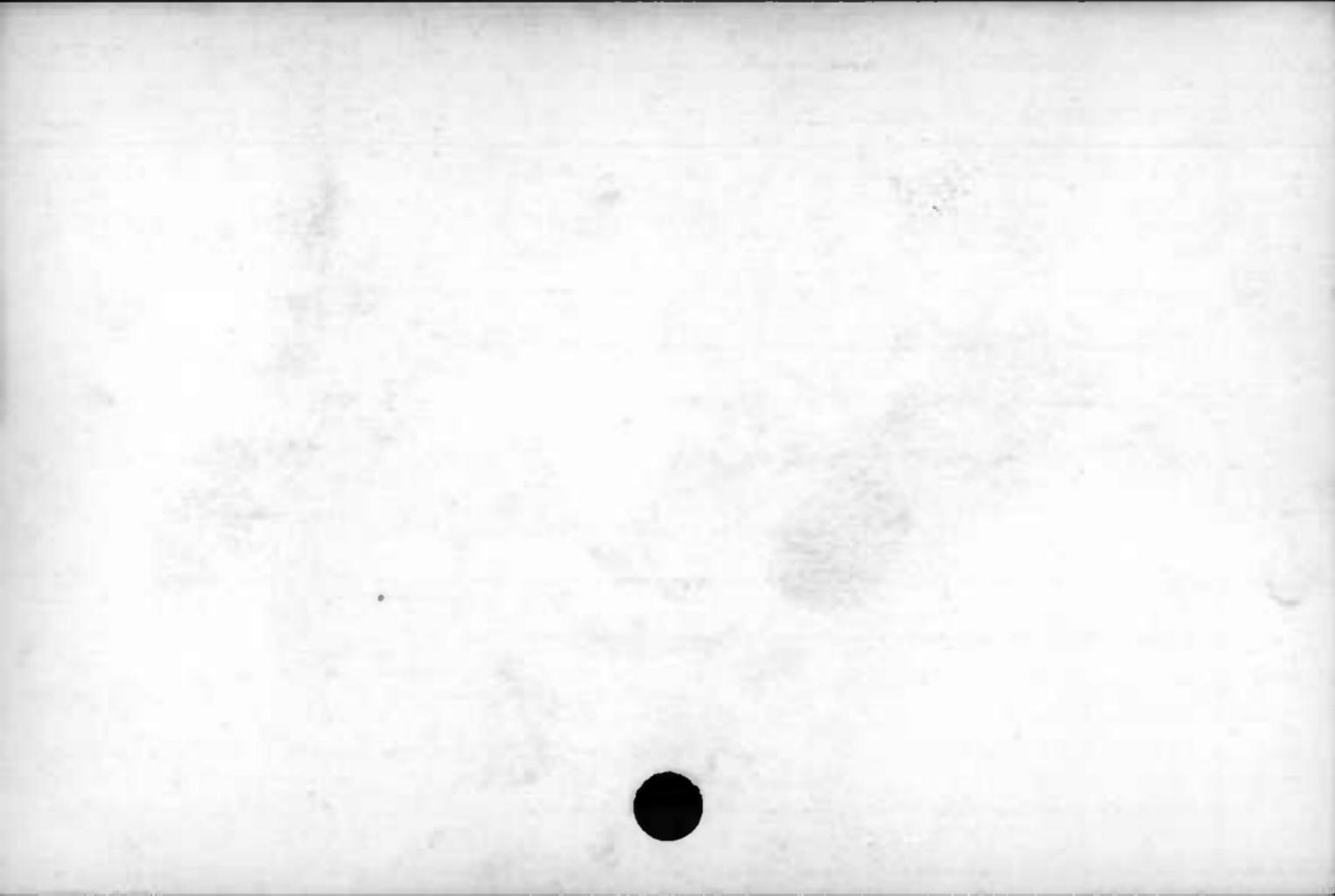
Signature of Physician

Address

Montgomery
Bethelville

Accident or Suicide?

No



Name
in
Full

David Rochester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at his home near Ingleside Town Bellevue Annex County

MARYLAND

Date of death 1905 Month Jan Day 18 Years Age 68 Months — Days —

Sex Male Color or Race Colored Birth-place near Ingleside

Occupation Former Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Rockwell Rochester

Father's Name

Arthur Rochester

Father's Birthplace

near Ingleside

Mother's Maiden Name

Sallie Anne Wilson

Mother's Birthplace

D. A. C.

Name of person giving Information

Rockwell Rochester

How related to deceased

brother

CAUSES OF DEATH

Primary

Polyuria
Exhaustion

How long

Immediate

How long

5 min

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

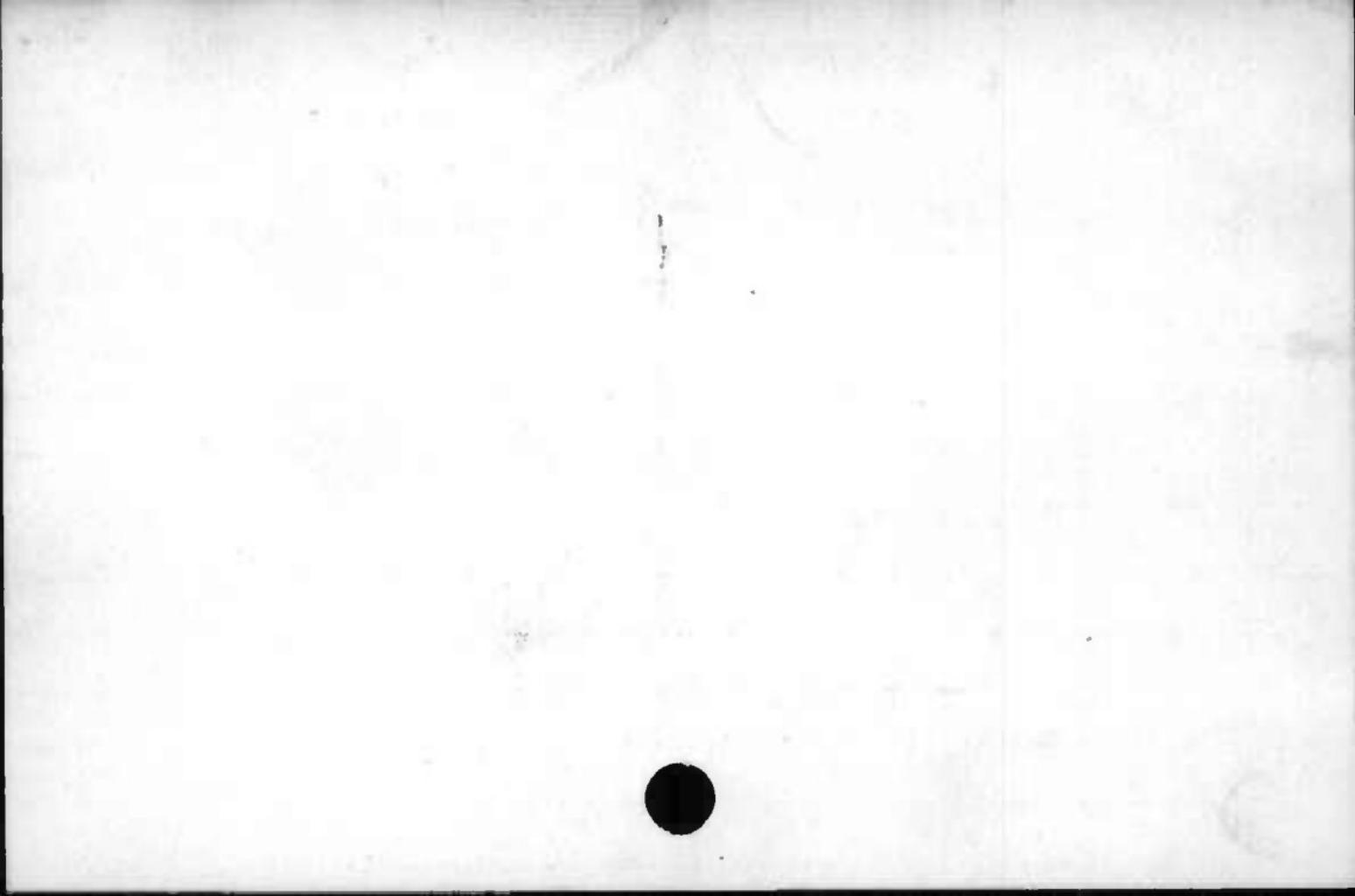
Dr. N. S. Dudley

Address

Church Hill
Mo. y loud

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Debby Stansbury

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Clayton

Baltimore County

Date
of death 190

Month

Day

Years

Months

Days

Age

60

Sex

Female

Color or
Race

Colored

Birth-
place

Hoppe, Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Phil Tracy

Father's
Birthplace

Mother's
Maiden Name

Sell Thomas

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

Obstruction

How long

2 weeks

Immediate

100

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Walter R. Tracy

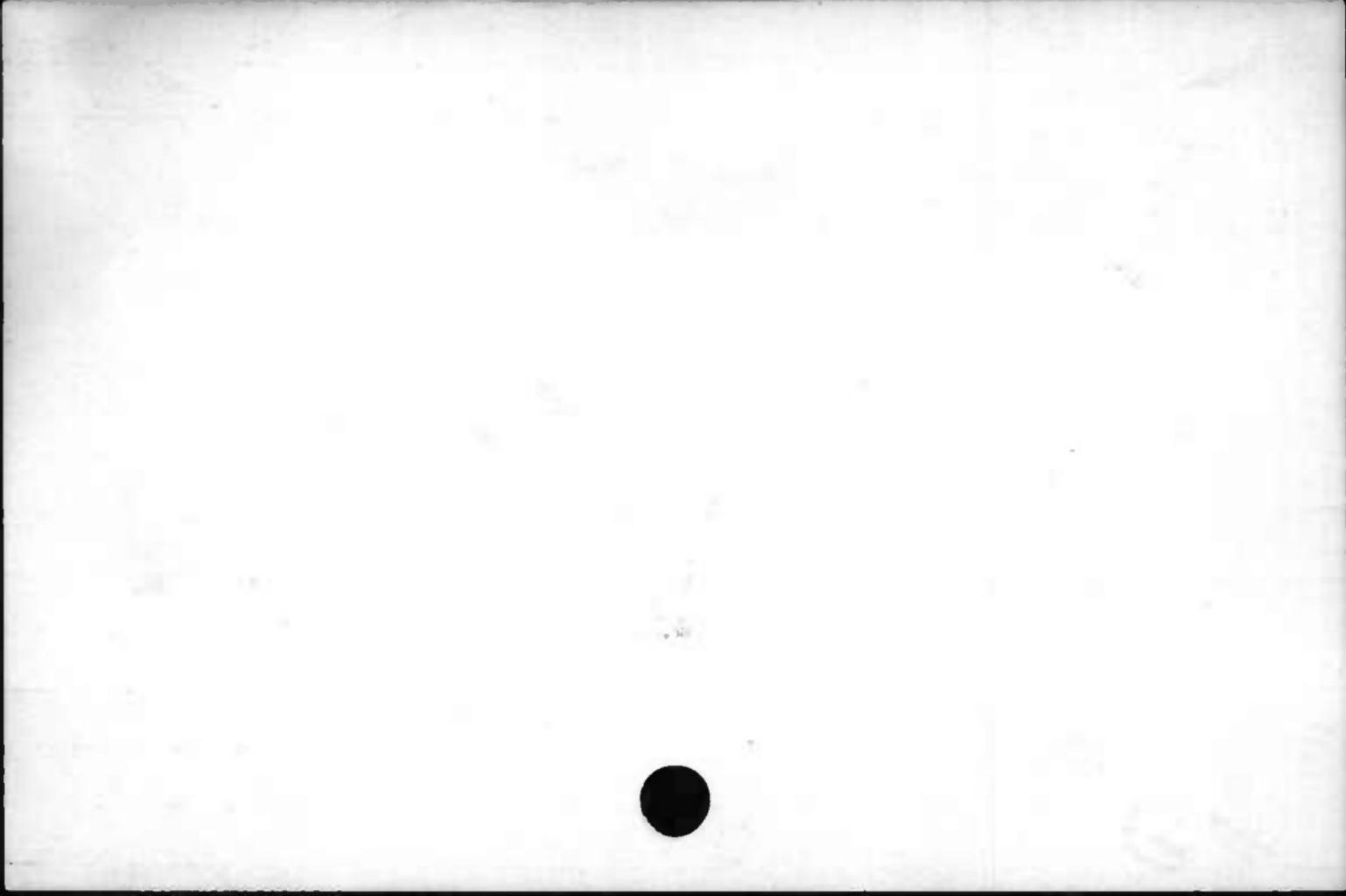
Address

Rutledge
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER





Name in Full

Certificate of Death

Harry Parker Thompson

Town

Severnsville

County

Baltimore

MARYLAND

Died at

Date of death
95

Month

Day

Y.

M.

D.

Native of

Occupation

Male

Female

Age
Married

Widower

Divorced

Colored

Single

Number of children living

Husband
of

Wife

Father's

Name

Cause of

Primary

Pulmonary tuberculosis

How long sick

Death

Immediate

Cardiac arrhythmia

Accident, Suicide, Homicide

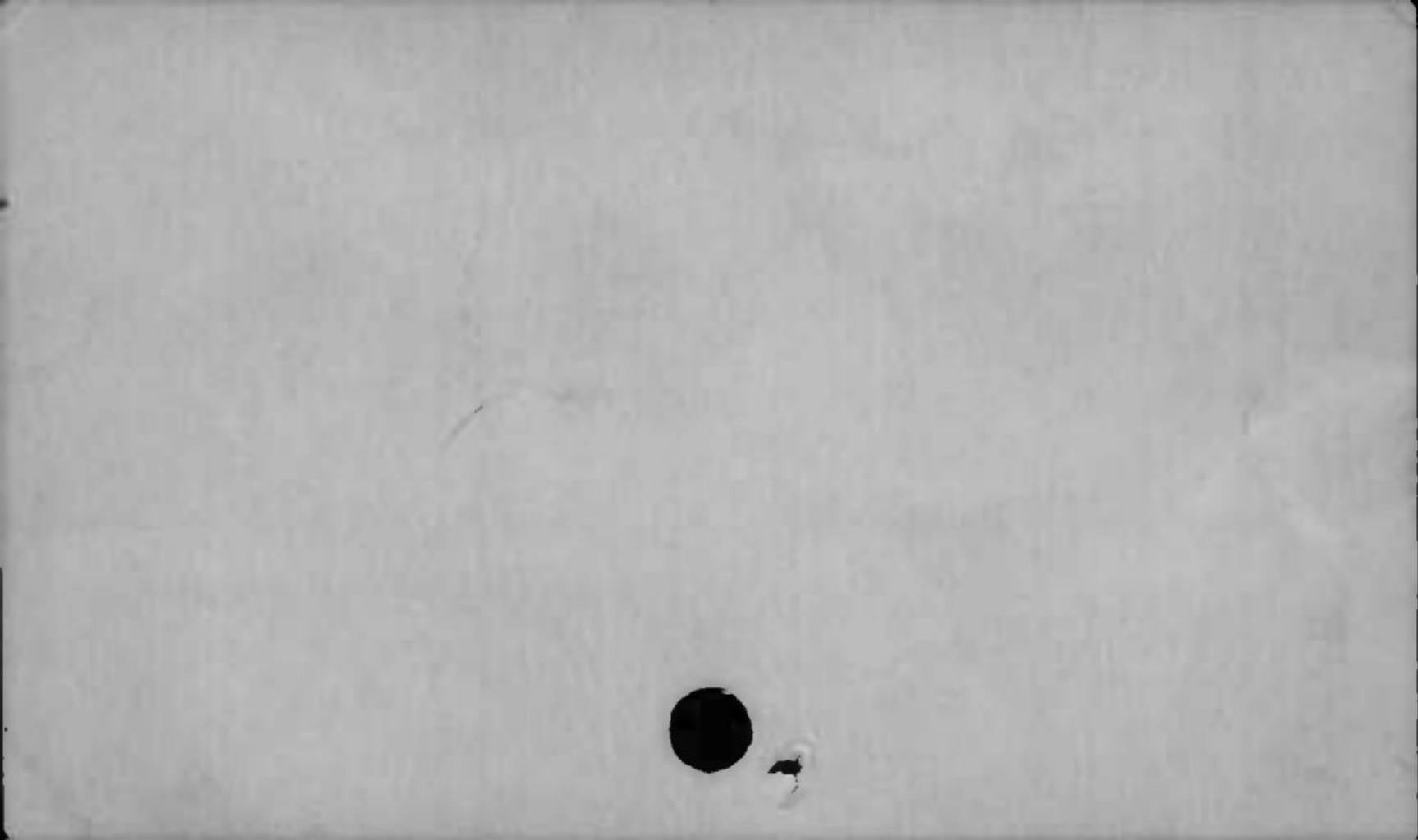
Reported by

E. Snyder

Address

Severnsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month	Day	Age	Years	Months
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Queen Anne's Co</u>	
Occupation	<u>House wife</u>		Where Residing if not at place of death	<u>Queen Anne's Co</u>		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband	<u>Josephine Bright</u>		
Father's Name	<u>Les Mitchell</u>		Father's Birthplace	<u>Queen Anne's Co</u>		
Mother's Maiden Name	<u>Josephine Norwood</u>		Mother's Birthplace	<u>Queen Anne's Co</u>		
Name of person giving information	<u>Joe Bright</u>		How related to deceased	<u>Wife</u>		

CAUSES OF DEATH

Primary	<u>Typhoid fever, followed by pulmonary</u>	How long	<u>8 mos</u>
Immediate	<u>Exhaustion</u>	How long	<u></u>

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

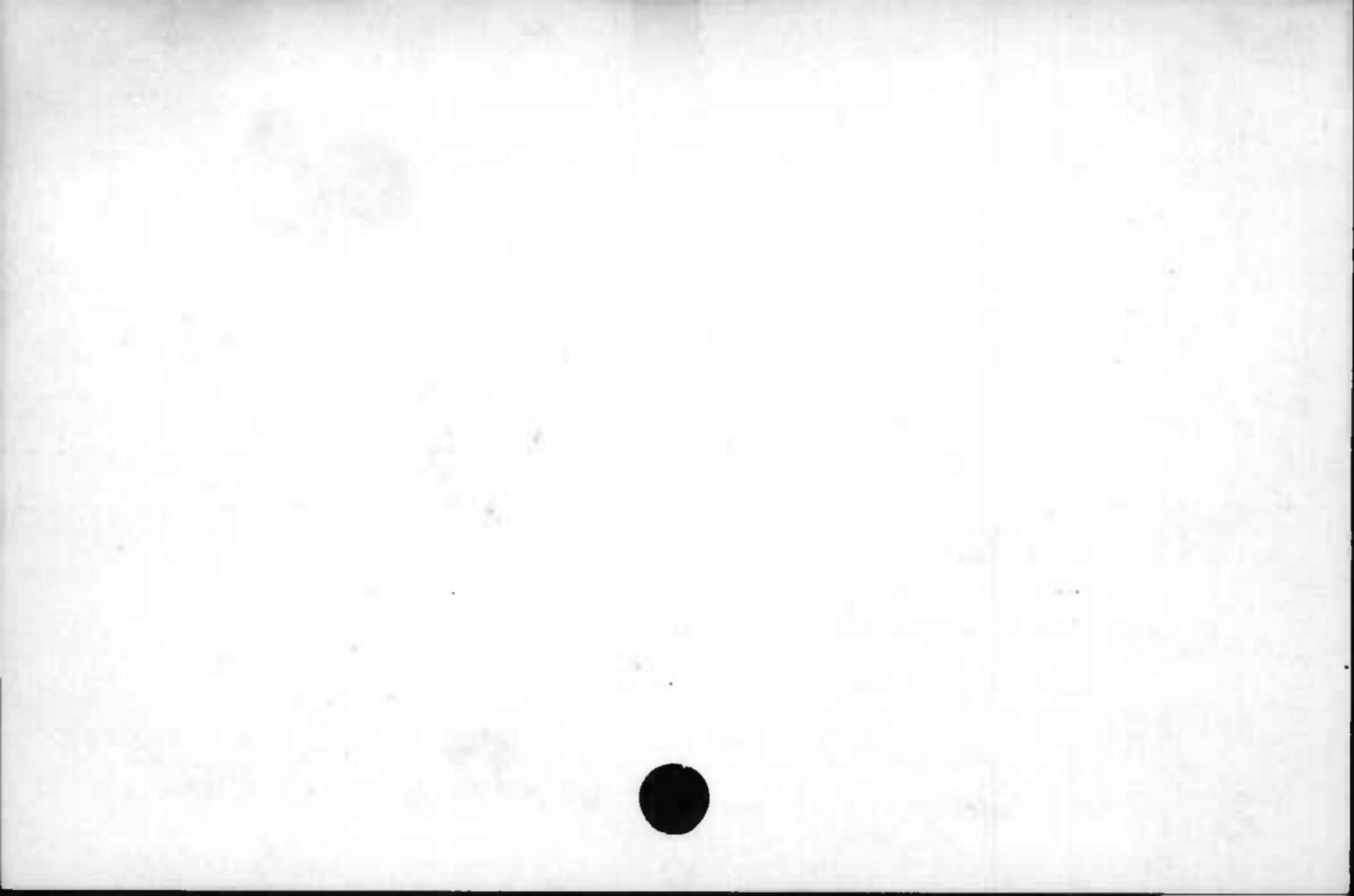
Signature of Physician

Address

Dr. H. S. Dudley
Church Hill
Maryland

D

Accident or Suicide?



Name
in
Full

John Young, (caused settle meat,
in Wood, for every two,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>at</u>	Town	County	MARYLAND
Date of death <u>1905</u>	Month <u>January</u>	Day <u>17th</u>	Years <u>seems to be</u> <u>57 years</u>
Sex <u>Male</u>	Color or Race <u>"colored"</u>	Birth-place <u>L. A. Co. Ind.</u>	Months <u>-</u>
Occupation <u>Labour</u>	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband <u>Harriet Young</u>	Father's Name <u>John Young</u>	Mother's Birthplace <u>John Young</u>
Father's Name <u>don't know</u>	Mother's Maiden Name <u>don't know</u>	Father's Birthplace <u>John Young</u>	Mother's Birthplace <u>John Young</u>
Name of person giving information <u>William Elliott</u>	Step Son <u>✓</u>	How related to deceased <u>Step son</u>	How related to deceased <u>Step son</u>

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>bad day death, jury inquest,</u> <u>reidick supports violent causes</u>	How long <u>-</u>
	Most probably disease & heat	How long <u>-</u>
Immediate <u>lost sense, in apparent health</u>		
Are the name, age, sex, color, date and place correctly given above?	Yes <u>as</u>	Signature of Physician <u>J. H. W. Hudson</u>
Obtained from family & neighbors		Address <u>Physician at Inquest</u> <u>Chesapeake Hotel, Ind</u>
Accident or Suicide?	<u>J. H. W. Hudson</u> <u>Physician</u>	

